

OFFICIAL FILE COPY

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 02-05	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2002	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

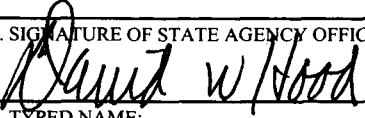
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ 450.16 b. FFY <u>2003</u> \$ 1,243.87
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19 - B, Item 5, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 00-40)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to increase reimbursement for certain designated procedure codes related to specialty services.**

11. GOVERNOR'S REVIEW (Check One):

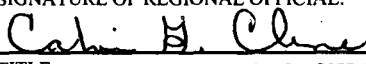
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review
state plan material.**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: June 7, 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 26 JUNE 2002	18. DATE APPROVED: 24 JULY 2002
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01 APRIL 2002	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: CALVIN G. CLINE	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 5, Page 2

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR
447.201

Medical and Remedial
Care and Services
Item 5 (cont'd)

Reimbursement for certain bilateral procedures listed in the Professional Services Provider Manual shall be at 150% of the fee on the Physician's Formulary File when performed bilaterally.

Current Procedural Terminology (CPT) codes for neonatal care (99295, 99298) will be reimbursed at eighty-four percent (84%) of the fees (published in annual notice to providers) in effect as of January 31, 2000.

Current Procedural Terminology (CPT) codes for tonsillectomy and adenoidectomy services (42820, 42821, 42825, 42826, 42830, 42831) will be reimbursed at seventy-five percent (75%) of the fees (published in annual notice to providers) in effect as of January 31, 2000.

Based on additional funding approved by the 2000 2nd Extraordinary Session of the Legislature an increase of \$9.13 is applied to the reimbursement rates for the six most frequently billed procedure codes for Evaluation and Management, and Follow-Up Prenatal Visits as identified in the utilization report for the time period June through December 1999.

Effective April 1, 2002 reimbursement for certain designated physicians' Current Procedural Terminology (CPT) codes is increased to seventy percent (70%) of the 2002 Medicare allowable fee schedule. These procedures are: external circulation assist, change of gastrostomy tube (simple), examination of the vagina, spinal fluid tap (diagnostic), injection treatment of nerve, bone marrow biopsy, therapeutic injection IV, right heart catheterization only, left heart catheterization (percutaneous), polysomnography (4 or more), and intravenous chemotherapy administration.

- (b) Providers are advised to bill usual and customary charges in order for the Medicaid Program to continue to use these charges to establish prevailing fees in Louisiana.

TN# 02-05 Approval Date 07-24-02 Effective Date 04-01-02
Supersedes
TN# 00-40

STATE <u>Louisiana</u>	A
DATE REC'D <u>06-26-02</u>	
DATE APP'D <u>07-24-02</u>	
DATE EFF <u>04-01-02</u>	
HCFA 179 <u>LA-02-05</u>	